

Updates & information on
psychosocial support



Children living with advanced-stage AIDS are cared for temporarily at St. Lucia Hospice and Orphanage, Tanzania. The organization is now reintegrating children into their families, and supporting them to be cared for at home. Full story page 5

World AIDS Day Edition: Getting to Zero

Every minute, a child dies of an AIDS-related illness, and another child becomes infected with HIV.

This year's World AIDS Day will focus on making this startling statistic a thing of the past. The global theme is "Getting to Zero: Zero new infections, zero discrimination, zero AIDS-related deaths." These are worthy goals, and social and emotional (psychosocial) support can help us achieve them.

Zero new infections can be achieved through education, behaviour change, alterations in harmful cultural practises, and empowering women to access HIV prevention and treatment services.

Zero discrimination can be achieved through working with communities to reduce stigma, and mobilise their support for people living with HIV & AIDS.

Zero AIDS-related deaths can be achieved through peer support, access to holistic healthcare and outreach activities, which improve adherence and help individuals and their communities realise AIDS is not a death sentence.

This mini-newsletter showcases a few short stories from partners who are already "Getting to Zero" through providing love, care and protection for children, families and communities.

- The REPSSI Team

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"The world has a unique opportunity for an AIDS-free generation. We owe this to our children."

- Michel Sidibé, UNAIDS
Executive Director

Getting to Zero Discrimination



“Children living with HIV/AIDS now have a change in attitude... They now can see a future and expect to live a long life.”

- Mussa Juma, Zanzibar Association for People Living with HIV and AIDS

Girl students at a school in Zanzibar, Tanzania, where ZAPHA+ activities are reducing stigma and discrimination.

Not so long ago, many children in Zanzibar who were HIV positive were afraid of attending school, for fear of discrimination.

“Due to stigma, most of the children affected by HIV would stop to go to school, because people they would laugh at them... they were chased out of school because of their status,” explains Mussa Juma of the **Zanzibar Association for People Living with HIV and AIDS (ZAPHA+)**, a REPSSI affiliate.

But things have begun to change now – for the better. Firstly, ZAPHA+ volunteers conducted awareness-raising meetings with 1000 teachers from the madrassas (Islamic religious schools), as well as bringing Catholic, Anglican, Muslim and other religious leaders together to discuss social and emotional issues facing HIV-positive children.

“We’ve seen the impact of working with the teachers,” says Mussa. “They are now united to support children in their school.” Some teachers even pool together small donations to help the poorest children with some material needs.

ZAPHA+ also began kid’s clubs, for children to build resilience, and learn about disclosure, treatment, and their rights. The volunteers who run the weekly clubs link with the home-based care, counselling and voluntary testing teams.

Mussa says now due to the provision of psychosocial support “the children have self-confidence, can reveal their status and claim their rights, they are becoming champions, advocates.”

“Before the support I could not play with other children close to home or go to the school near home because in my area I was known as the boy whose family is sick,” one child member of the clubs says.

“After being involved in the programme I got to understand the issues surrounding my health, my family and attitudes of people around... I have since noticed that my teachers, friends around the home and at school are not as harsh as they used to be with me, they now play with me, call me to join in activities and talk to me. My attendance in school has improved – I am now passing and my teachers pay attention to me.”

“Now, positive young people are actually becoming resource persons in fighting stigma,” Mussa grins. He is clearly proud of the children and youth he works with.

“Children living with HIV/AIDS now have a change in attitude. They are no longer resigned upon learning about their HIV status, they now can see a future and expect to live a long life.”

Getting to Zero New Infections

Inside the mud walls of a small building in rural Kenya, a group of men and women are gathered on wooden benches. A local teacher is on her feet, having volunteered to lead the *Journey of Life* discussion. Each week, different topics in relation to children's wellbeing are discussed.

This building is a community centre, and it was built on land donated by the village headman, Eliud Ndeke Mukunga.

"I saw my people dying of HIV, and they had nowhere to go and learn," says Eliud. "That moved me to give out my piece of land to KORDP, so that the community can come and learn so that we fight this enemy."

"My brother died of the same problem, and left very many children behind for me to care... it made me not to allow the same mistake to happen to our children again. If they learn, they will correct this mistake."

With support from REPSSI's partner, the **Kenyan Orphans Rural Development Programme** (KORDP), Eliud's community shares information on child wellbeing, HIV prevention, the effects of discrimination, and the actions they can take to make a difference.

"Discrimination and abuse, that was a normal thing that orphans experienced... But today it's different. We make sure that any child we find, whether well-dressed or naked, whether sick or not, is ours."

- Eliud Ndeke Mukunga, village headman, Kenya

"The number of death caused by AIDS, it has really decreased," continues Eliud. "People now can care for themselves. When you could use the word condom, people would run away. But nowadays, they do use it."

"Discrimination and abuse, that was a normal thing that children experienced, children who were orphans in the community. Even things like you don't have them eat with the rest of the family. But today it's different. There is an awareness that orphaned children are children like the others.... We strongly make sure that any child we find along the way, whether well-dressed or naked, whether sick or not, is ours."



Community members at a *Journey of Life* discussion, in a centre built on land donated by their village headman in Webuye, Kenya

Getting to Zero AIDS-Related Deaths



Caregivers in a support group use pictures from the *Journey of Life* to discuss treatment for HIV-positive people, Zimbabwe

Anti-retroviral therapy (ARVs) means that people living with HIV can expect to live long and healthy lives, provided they receive adequate medication, nutrition and support and adhere to their treatment. We share here some brief stories from across the region about how treatment for children and their families is being supported.

South Africa

The first step to supporting treatment is knowing where to offer help. **Fanang Diatla** in Limpopo is using the *This Is Me* tool to find out more about a child's situation at home, and where they can help.

"Sometimes we find that the child is HIV positive, and when we go to the family maybe the parents are also positive. We can then refer them to services or offer support," a staff member told us.

Zimbabwe

Batanai HIV AIDS Service Organisation (BHASO) has found that the *Journey of Life* activities have prompted caregivers to begin identifying vulnerable children in the community ill with HIV, and to take action to help. "Some of the children we are now taking them for treatment," a caregiver explained.

Midlands AIDS Service Organisation (MASO) has seen similar results. "It was through a training of the

Journey of Life for teachers and parents that children are being taken now to get medical treatment."

Fortune Mazarura, OVC Coordinator with MASO, uses her own HIV status to educate people about treatment. "I tell them HIV is not a death sentence. We can help those in the community sick with HIV. I ask them, look at me, I am healthy, do I look sick?"

Kenya

"As a result of PSS trainings," explains the chair of a volunteer group assisted by a **Hope WorldWide Kenya**, "the community started to do treatment support, door-to-door outreach and prevention."

According to Julius Nguku, Head of Programmes with **Hope WorldWide Kenya**, psychosocial support training has changed their approach to HIV testing. They now build in counselling and peer support, to help people accept their status and begin ARVs.

"I tell them HIV is not a death sentence. I ask them, look at me, I am working, I am healthy, do I look sick?"

Fortune Mazarura, Zimbabwe

Certificate Course: Winfrida Mwashala



“HIV/AIDS is a disease which affects mind and soul. Some patients, they thought this was the end of their life. But having people encouraging them... it has made them start thinking of their children, start thinking of their dreams ...”

Until 2009, St Lucia Hospice and Orphanage in Arusha, Tanzania, was a residential care home for HIV positive children who had been abandoned due to stigma. The orphanage could only take up to 30 children at once. But the Executive Director, Winfrida Mwashala, and her team have since radically changed the way St. Lucia operates.

“Now,” says Winfrida with a smile, “we have reached more than 9000 children at community level.” This new approach has helped reduce stigma and discrimination, and children are now being cared for within their own families.

The changes were triggered by Winfrida’s participation in the *Certificate Course in Community-Based Work with Children and Youth*, created by REPSSI and UNICEF.

“The Certificate Course has supported me to understand how to develop the community, who are facing various adversities including HIV and AIDS,” Winfrida says. “This helps us to not concentrate on a few children in institutionalised care, but focus more at community level with more children.”

“The children who stayed in the orphanage for a long time, they are now going back to their families. We work with the family members, we train them, we support them in knowing where are the care and

treatment centres, when to send children for CD4 check-up... this training has reduced stigma levels.”

Together with local government, St Lucia also set up Most Vulnerable Children Committees (MVCCs). Comprised of volunteers elected by the community, St. Lucia has trained them in psychosocial support., and the committees visit vulnerable families, and help with support groups for people living with HIV .

One father supporting 7 children, explained how his support group has been vital for his own mental and physical health: “I now have hope, I am not alone.”

“When we are caring for our patient we need to do it comprehensively,” concludes Winfrida. “When you are doing all physical care and not doing psychological care, you are still losing this person... some of the patients, they say they were nearly to die, they thought this was the end of their life. But having people who were encouraging them, bringing them in a group, it has made them start thinking of their children, start thinking of their dreams.”

The Certificate is accredited by the University of KwaZulu Natal, and delivered in Tanzania through the African Centre for Childhood. The third intake will begin in 2012, and will be available in 11 countries in East and Southern Africa. Learn more about the Certificate by contacting info@repssi.org.

New Research: WHO Disclosure Review

For those who have been following South Africa’s plans to introduce HIV testing in schools, a new World Health Organisation (WHO) review on disclosure will be of interest.

The public debate on the advisability of testing in schools has centered on the psychological impact of a positive result for children. Critics have questioned the availability of adequate support to deal with potential anxiety, depression and stigma.

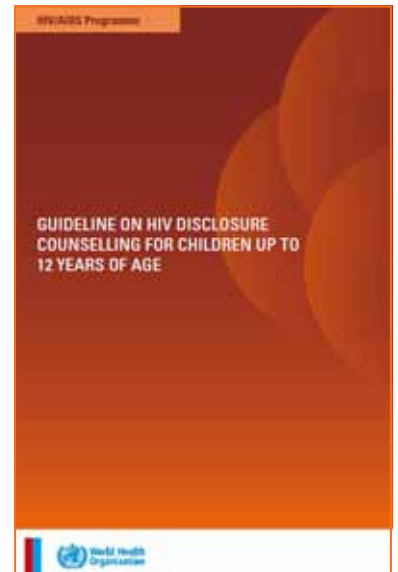
The results of the a WHO review and policy guidance document on disclosure of HIV status, presented by F. Amolo Okero at the [11th AIDSImpact conference](#) offers some interesting insights.

The review found there is broad evidence of the positive outcomes for children made aware of their status, including greater adherence to treatment. As a result, WHO is recommending that children of school age should be told their HIV status, and younger children be told in a manner appropriate to their developmental stage.

However, Okero stressed that “disclosure to children is a process, not an event”, and that appropriate support by trained health workers and counsellors is needed in pre- and post-disclosure.

The role of parents and parental training is also critical in the disclosure process. For NGOs who are looking for practical tools in supporting parents to disclose to children, REPSSI has developed a “[Talking Book](#)”, an illustrated tool for counsellors and health care workers to guide caregivers on how to disclose a child’s HIV status.

The WHO Guidelines are available from www.who.int. More information on REPSSI’s Talking Book can be found on our [Publications page](#).



REPSSI tools

A number of key REPSSI publications are mentioned throughout this newsletter. You can find more information about our publications and training by contacting info@repssi.org or training@repssi.org.

A list of all our publications and training manuals is also available on our website www.repssi.org.



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